

Teledermatology Consultant Survey – Store-and-forward Modality

1. I am confident in my diagnoses and management plans when performing teledermatology consultations.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

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2. Teledermatology is a more efficient use of the time I spend as a consultant.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

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3. There were technical problems that made it difficult for me to send or receive the consult.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

☐ ☐ ☐ ☐ ☐

4. I prefer receiving teledermatology consultations than conventional consult requests.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

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5. Overall, I am satisfied with the teledermatology consult process.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

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